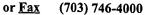
PART B - FEE(S) TRANSMITTAL

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appropriate. All further co indicated unless corrected maintenance fee notificatio	orm should be used for training the below or directed otherwise instance.	Patent, advance or in Block 1, by (a	ders and not specifying	ification of ma	N FEE (if req intenance fees indence addres	uired). Blocks I through will be mailed to the cu s; and/or (b) indicating a	1 5 should be com rrent corresponden 1 separate "FEE AI	ipleted where ce address as DDRESS" for	
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01 FC:1501 140 E 00 MAY 2 6 2005				(Date)					
03 FC+BOOLATION NO.	FILING DATE OF	FIRST NAME		ED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATI		TION NO.	
10/617,749	07/14/2003	ADEMA Teruo W		/akashiro .		107439-00087			
	ONTROL DEVICE FOR H	YBRID VEHICLE	a.,						
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICA	TION.FEE	TOTAL FEE(S) DUE	DATE	DUE	
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CUEVAS, PEDRO J		2834		290-04	1000C				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO PLEASE NOTE: Unless an assignee is identified below, no assignee of recordation as set forth in 37 CFR 3.11. Completion of this form is NOT				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Honda Giken Kogyo Kabushiki Kaisha Tokyo, Japan									
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pa	atent) : 🚨 In	dividual 🏻 🗘 (Corporation or other privat	e group entity 🚨	Government	
☑ Issue Fee ☑ ☑ Publication Fee (No small entity discount permitted) ☑ ☑ Advance Order - # of Copies 10 ☑				Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2300 (enclose an extra copy of this form).					
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Authorized Signature	Lunge El	Dram /	279	131	Date	ay 26, 2005			
	harles M. Mar					1 No. 25,895		<u>.</u>	
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